

# CLAIMS ONLY

SERIAL NO. 09/612418  
 APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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43		/				
44		/				
45		/				
46		/				
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48						
49		/				
50		/				
TOTAL IND.	1					
TOTAL DEP.	18					
TOTAL CLAIMS	19					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53		/				
54		/				
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	14					
TOTAL CLAIMS	14					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/62,418

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
102						
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146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						